



Consent Form for COVID-19 Testing

As the parent or guardian of the child named below, I authorize Rainbow Children's Academy (referred as "the School") to administer COVID-19 rapid antigen testing to the child from the date when this consent form is signed. This includes but not limited to

- 1) Prescheduled regular testing twice per week
- 2) Unscheduled random testing when the School requires to do it

Also, I will provide eight antigen test units to the School per month at the beginning of each month.

Furthermore, I understand the potential risks of this procedure include:

- 1) Possible discomfort or other complications that can happen during sample collection.
- 2) Possible false positive, false negative or inconclusive test results.

Child's Full Name

Parent or Guardian's Full Name (PRINT)

Parent or Guardian's Signature

Date